



Title II Care Services Program (CSP) ARIES Required Minimum Data Set

Field Name	Tab Location	Subtab Location
First Name	Client Search*	N/A
Middle Initial	Client Search*	N/A
Last Name	Client Search*	N/A
Mother's Maiden Name	Client Search*	N/A
Date of Birth	Client Search*	N/A
Gender	Client Search*	N/A
County	Demographics	Contact Info
Hispanic (If yes, National Origin/Ethnicity)	Demographics	Demographic Detail
Race	Demographics	Demographic Detail
Marital Status	Demographics	Demographic Detail
Sexual Orientation	Demographics	Demographic Detail
Veteran	Demographics	Demographic Detail
Current Living Situation as of Date	Demographics	Living Situation
Current Living Situation	Demographics	Living Situation
Agency Status	Demographics	Agency Specifics
Status as of Date	Demographics	Agency Specifics
Agency Enrollment Date	Demographics	Agency Specifics
Eligibility Document – HIV Letter of Diagnosis	Eligibility	Eligibility
Eligibility Document – ARIES Consent Form	Eligibility	Eligibility
Eligibility Document – Agency Consent Form (Grievance Procedure and Client Rights)	Eligibility	Eligibility
Employment	Eligibility	Financial
Public Assistance	Eligibility	Financial
Household Income	Eligibility	Financial
Number of People in Household	Eligibility	Financial
Insurance Source	Eligibility	Insurance
Insurance Type	Eligibility	Insurance
Primary Insurance	Eligibility	Insurance
CDC Disease Stage	Medical	Basic Medical
AIDS Diagnosis Date	Medical	Basic Medical
County of AIDS Diagnosis	Medical	Basic Medical
State of AIDS Diagnosis	Medical	Basic Medical
Source of AIDS Diagnosis	Medical	Basic Medical
HIV Test Date	Medical	Basic Medical
HIV Test Result	Medical	Basic Medical
County of HIV Test	Medical	Basic Medical
State of HIV Test	Medical	Basic Medical
Source of HIV Test	Medical	Basic Medical
HIV Tests:		
HIV Pre-Test Counseling Offered	Medical	Basic Medical
HIV Pre-Test Counseling Date	Medical	Basic Medical
HIV Post-Test Counseling Offered	Medical	Basic Medical
HIV Post-Test Counseling Date	Medical	Basic Medical

*These fields can also be found on the *Demographics* tab, *Demographic Detail* subtab.

	Field Name	Tab Location	Subtab Location
	Medical Provides (Required for Medical Providers Only)		
	AIDS Defining Conditions	Medical	Basic Medical
	Diagnosis Date	Medical	Basic Medical
	Partner Notification Offered	Medical	Basic Medical
	Partner Notification Date	Medical	Basic Medical
	Number of Partners to be Notified by Client	Medical	Basic Medical
	Number of Partners to be Notified by Health Department	Medical	Basic Medical
	Date Health Department Notified	Medical	Basic Medical
	CD4 Test Date	Medical	Medical History
	T Cell Count	Medical	Medical History
	Viral Load Date	Medical	Medical History
	Viral Load Value	Medical	Medical History
	Viral Load Test Type	Medical	Medical History
	STI/Hepatitis Type	Medical	Medical History
	STI/Hepatitis Date	Medical	Medical History
	STI/Hepatitis Diagnosis	Medical	Medical History
	STI/Hepatitis Treatment Start Date	Medical	Medical History
	TB Test Medically Indicated	Medical	Medical History
	TB Test Medically Indicated Date	Medical	Medical History
	Date PPD/TST Placed	Medical	Medical History
	Date PPD/TST Read	Medical	Medical History
	Chest X-Ray Date	Medical	Medical History
	Chest X-Ray Result	Medical	Medical History
	TB Diagnosis	Medical	Medical History
	Date of TB Diagnosis	Medical	Medical History
	Treatment Start Date	Medical	Medical History
	Treatment End Date	Medical	Medical History
	TB Treatment Type	Medical	Medical History
	TB Treatment Status	Medical	Medical History
	Pap Smear & Pelvic Exam Date	Medical	OB/GYN & Pregnancy
	Pap Smear & Pelvic Exam Result	Medical	OB/GYN & Pregnancy
	Date First Reported Pregnant	Medical	OB/GYN & Pregnancy
	Estimated Date of Conception	Medical	OB/GYN & Pregnancy
	HIV Status During Pregnancy	Medical	OB/GYN & Pregnancy
	Date Prenatal Care Began	Medical	OB/GYN & Pregnancy
	ART Counseling Offered to Reduce HV Transmission to Infant	Medical	OB/GYN & Pregnancy
	Date Received ART Counseling	Medical	OB/GYN & Pregnancy
	ART Offered to Reduce HIV Transmission to Infant	Medical	OB/GYN & Pregnancy
	Date ART was Taken	Medical	OB/GYN & Pregnancy
	Pregnancy Outcome	Medical	OB/GYN & Pregnancy
	Date of Pregnancy Outcome	Medical	OB/GYN & Pregnancy
	Newborn HIV Status	Medical	OB/GYN & Pregnancy
	ART Type	Medications	ART
	Start Date	Medications	ART
	ART Drugs	Medications	ART
	Primary HIV Exposure (Risk Factor/s)	Risk & Assessments	Risk Factors
	Substance Abuse History	Risk & Assessments	Substance Abuse

	Field Name	Tab Location	Subtab Location
	Substance Abuse History Dated	Risk & Assessments	Substance Abuse
	Mental Health History	Risk & Assessments	Mental Health
	Mental Health History Dated	Risk & Assessments	Mental Health
	Services (Required of all Providers)		
	Staff	Services	N/A
	Date of Service	Services	N/A
	Contract ID, i.e., Ryan White	Services	N/A
	Program, i.e., Care Services Program	Services	N/A
	Primary Service	Services	N/A
	Secondary Service (if applicable)	Services	N/A
	Agency Subservice (if applicable)	Services	N/A
	Unit of Service	Services	N/A